

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001532

Entity Name: SALAMON ASSOCIATES, L.L.C.

FILED  
Jan 03, 2007  
Secretary of State

## Current Principal Place of Business:

6364 D'ORSAY CT.  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

## Current Mailing Address:

6364 DORSAY CT.  
DEERFIELD BEACH, FL 334846305

## New Mailing Address:

6364 DORSAY CT.  
DELRAY BEACH, FL 33484

FEI Number: 22-3618010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BDB AGENT CO.  
5355 TOWN CENTER ROAD  
SUITE 900  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

SALAMON, IRA L MANAGER  
6364 DORSAY COURT  
DELRAY BEACH, FL 33484 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IRA SALAMON

01/03/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SALAMON, IRA L  
Address: 6364 DORSAY COURT  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR ( ) Delete  
Name: SALAMON, MAUREEN  
Address: 6364 DORSAY COURT  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IRA SALAMON

MGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date